

BB-319

I 16388

I016388



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 149
Riverdale, MD 20737-1237
Telephone: 301/734-8968

ENQL 7-1 CY05
PERMANENT
Retire 07/10

July 20, 2005

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) aggregate adverse effects incident report

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 31, 2005.

001 EPA Reg. No. 66228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	3
H-E	1

covering Mar April May
2005

per
K. Dial
7/27/05
N. Spurling

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

David Bergsten

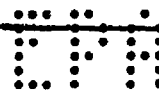
David Bergsten
Acting Chief, Environmental Services
Policy and Program Development

Enclosure

APHIS Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
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MAY 01 2005

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES



WS-LC

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE A-A	INCIDENT STATUS		DATE WHEN BECAME AWARE OF THE INCIDENT 3-8-05	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Other - m44 Filled (pulled)

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Range/Pasture Private
Property 12-15 section

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

Domestic Dog Pulled
m44 unit

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME m44	ACTIVE INGREDIENT SODIUM CYANIDE
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) N-A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Domestic Dog Belonged to Neighbor 3/8 mile from Ranch Property Line (m44 unit) Adjoining Land owner, owner of Dog was Notified Prior to m44 Being Set, Agreed to Keep Dog Tied, Dog owner Decided to turn Dog loose, he did not think Dog would Leave House Also Dog Had NO Collar

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

MAY 03 2005

REPORT NUMBER

WS-LC

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OF AGRES AFFECTED

N-A

SPECIES COMMON NAME

Domestic Dog

BREED (if known)

Blue Heeler

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Domestic Dog Pulled m44 - Died 30 feet from unit

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N-A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

Domestic Dog Died From Cyanide Poisoning

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

 14' units set on 12-15-05 section of Private Range Land
 Unit set 3/8 mile inside Ranch Boundary

WAS PESTICIDE USED ON THE SITE (Describe)

☐ Yes ☐ No

N-A

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

 Open Range Land m44 set for protection of calves.
 For Coyote Predation of Calves, units set Feb 15-05
 Adjoining Land owner dog was turned loose and
 crossed property boundary and went 3/8 mile and
 pulled m44 unit

ADDITIONAL FACTORS

 Adjoining Land owner was notified that m44 units
 was set and agreeing to keep dog tied, owner of
 dog was not up set.

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 3-11-05	ES USE ONLY REGISTRY NUMBER
	Date <input checked="" type="checkbox"/> New 3-11-05	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

DOMESTIC DOG PULLED M-44 UNIT

<p>INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))</p> <p>ON PRIVATE LAND, NEAR A DEAD ANIMAL PILE.</p>	<p>SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)</p> <p>M-44 UNIT WAS SET IN ACCORDANCE TO USER RESTRICTIONS. DOMESTIC DOG WANDERED 1/4 MILE FROM RANCH HOUSE & PULLED UNIT.</p>
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 CYANIDE CAPSULES	ACTIVE INGREDIENT SODIUM CYANIDE
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input checked="" type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) 91.06% SODIUM CYANIDE / 18.94% INERT	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

SEE SUPPLEMENTAL FORM FOR DETAILS

RECEIVED

MAR 23 2005

WS-SO

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

DOMESTIC DOG

BREED (if known)

AUSTRALIAN SHEPHERD CROSS

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

DOG PULLED M-44 UNIT & WAS FOUND WITHIN 50 FT. THE ANIMAL WAS DEAD

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies)

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NO EFFECT

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

(10) M-44 UNITS WERE SET IN A 6 SECTION PASTURE. EACH M-44 UNIT CONTAINS .88 GRAMS SODIUM CYANIDE (ACTIVE INGREDIENT)

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

RANGELAND WITH MESQUITE + GRASSLAND MIXTURE. UNIT WAS 3/4 MILE FROM A RANCH HOUSE.

ADDITIONAL FACTORS

DOMESTIC DOG WAS NOT TIED UP & WANDERED FROM HOUSE. ALL GATE SIGNS WERE POSTED. OCCUPANTS OF HOUSE WERE NOTIFIED PRIOR TO SETTING OF EQUIPMENT. PET OWNERS WERE UNDERSTANDING OF INCIDENT.

NAME OF PREPARER

SIGNATURE

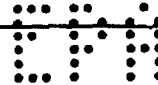
DATE

NAME OF SUPERVISOR

SIGNATURE

DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES



6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE H-E	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4-1-05	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4-1-05	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS SAME		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] RANGE/PASTURE	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] BAD M44 trigger.
--	---

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Cyanide Cap	ACTIVE INGREDIENT Sodium Cyanide
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

I had finished baiting m44 unit, was placing lid on bait jar, m44 unit discharged. Tasted & smelled a small amount of cyanide. Used Amyl Nitrite pearls for a mask precaution. No effects of cyanide.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

HUMAN INCIDENT - SUPPLEMENTAL REPORT

ROUTE OF EXPOSURE

☒ Oral ☒ Respiratory ☐ Eye ☐ Skin

ES USE ONLY

REPORT NUMBER

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

None, Tasted & smelled a small amount of sodium cyanide
No actual symptoms or adverse effects.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

None

TIME BETWEEN EXPOSURE AND
ONSET OF SYMPTOMS

None

WAS ADVERSE EFFECT THE RESULT OF

Suicide/homicide ☐ Yes ☒ NoAttempted Suicide/homicide ☐ Yes ☒ No

TYPE OF MEDICAL CARE SOUGHT

None

DEMOGRAPHICS

Sex

☒ Male
☐ Female

Age

51

If female, pregnant?

☐ Yes ☒ No

Occupation

Biological Tech.

EXPOSURE DATA

Amount of Pesticide

unk/Trace

Duration of Exposure

N/A

Weight of
Victim

200

Was the exposure occupational

☒ Yes ☐ NoIf "Yes", work days lost to illness
related to exposure

None

WERE PERSONAL PROTECTIVE EQUIPMENT WORN (if yes, describe)

☒ Yes ☐ No

Sunglasses, gloves, long sleeve shirt

ADDITIONAL FACTORS

None

NAME OF PREPARER

SIGNATURE

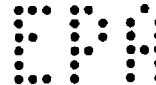
DATE

NAME OF SUPERVISOR

SIGNATURE

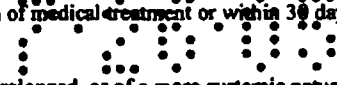
DATE

The following 6(a)(2) adverse incident categories must be reported to OSS within the stated time frames:



H-A Human – Death: Must be reported to OSS immediately.

H-B Human – Major: Allegation that a person may have exhibited symptoms which may have been life threatening, resulted in adverse reproductive effects, or in residual disability. Report the incident to OSS upon receipt of verification of medical treatment or within 30 days of allegation.



H-C Human – Moderate: Allegations that a person may have symptoms more pronounced, more prolonged, or of a more systemic nature with minor symptoms. Usually some form of medical treatment would have been indicated. Symptoms were not life-threatening. Report the incident to OSS upon receipt of verification of medical treatment or within 30 days of allegation.

PD-A Property Damage with Risk to Human Health: Example: a fire or an explosion. Report the incident to OSS upon receipt of verification of police/fire department report or within 30 days.

W-A Wildlife – Major: If any of the following incidents described are alleged, report to OSS within 30 days:

1. Caused by a pesticide currently in Formal Review for ecological review by EPA. No APHIS products are currently under Formal Review.
2. Affected Fish: 1,000 or more individuals of a schooling species or 50 or more individuals of a non-schooling species in a single incident.
3. Affected Bird: A pesticide other than an avicide affected 200 or more individuals of a flocking species, or 50 or more individuals of a songbird species, or 5 or more individuals of a predatory bird species in a single incident.
4. Affected Mammal: A pesticide that is not intended for the control of mammalian species affected 50 or more individuals of a relatively common or herding species or 5 or more individuals of a rare or solitary species in a single incident.
5. Affected Reptiles and Amphibians: A pesticide that is not intended for the control of reptiles or amphibians affected 50 or more individuals of a relatively common species or 5 or more individuals of a rare or solitary species in a single incident.
6. Involves effects to or illegal pesticide treatment (misuse) of a substantial tract of habitat (greater than or equal to 10 acres, terrestrial or aquatic).
7. Involves a major spill or discharge (greater than or equal to 5,000 gallons of pesticide).
8. Involves adverse effects caused by a pesticide to a Federally listed endangered or threatened species.

H-D Human – Minor: If person alleges some symptoms, but are minimally traumatic. The symptoms ended rapidly. Submit the report to OSS within the quarter.

H-E Human – Unknown: Symptoms are unknown, unspecified or all alleged to be of a delayed or chronic nature that may appear in the future. Submit the report to OSS within the quarter.

D-A Domestic Animal – Death: Death including euthanization. Submit the report to OSS within the quarter.

D-B Domestic Animal – Major: Alleged to exhibit symptoms which may have been life-threatening or resulted in residual disability. Submit the report to OSS within the quarter.

D-C Domestic Animal – Moderate: Alleged to exhibit symptoms which are more pronounced, more prolonged or of a more systemic nature but not life-threatening, usually requiring some form of treatment. Submit the report to OSS within the quarter.

D-D Domestic Animal – Minor: Alleged to exhibit minor symptoms. Submit the report to OSS within the quarter.

W-B Wildlife – Individual Animal Incident: Report allegations of deaths of individual animals. Submit the report to OSS within the quarter. Exception to the reporting requirement: the affected animal is categorized as a pest species and is a similar species to the target animal.

P-A Plants – Major: More than 45 percent of the acreage exposed to the pesticide is damaged. Submit the report to OSS within the quarter.

P-B Plants – Minor: Less than 45 percent of the acreage exposed to the pesticide is damaged. Submit the report to OSS within the quarter.

PD-B Property Damage – Moderate: The product is alleged to have caused damage in excess of \$5,000. Submit the report to OSS within the quarter.

PD-C Property Damage – Minor: Any allegation of property damage less than \$5,000 including reports which do not specify the amount of damage. Submit the report to OSS within the quarter.

ONT – All: Any allegation of affected nontargets not included in above categories. Example: beneficial insects. Submit the report to OSS within the quarter.

Failure of a Product to Perform: Submit reports to OSS within 30 days.

[< Back to State Overview](#)

1. Work Task for: Pat Jaureguiberry Direct Control. Flag? F I L S	
Work Date:	04/15/2005
Agreement:	PREUIT
Property:	PREUIT:NM:10536
Activity:	CHEMICAL APPLICATION (PERFORMED)
Activity Measurements:	3 HOURS
Conflict & Loss:	COYOTES predation threat of CATTLE (CALVES)
Components & Take:	CHECKED M-44 CYANIDE CAPSULE 22 EACH Associated Take: 1 (EACH) DOGS, FERAL/FREE RANGING HYBRIDS <i>actual count</i> KILLED, NOT intentionally NOT targeted FIRED M-44 CYANIDE CAPSULE 2 EACH Associated Take: 1 (EACH) COYOTES <i>actual count</i> KILLED, intentionally targeted
Remarks:	ranch dog no collar. Notified owner
Project:	

OPTIONAL FORM 99 (7-99)

FAX TRANSMITTAL

of pages =

Alan / Alan
 Dept./Agency

From *Brie*

Phone #

Fax #

Fax #

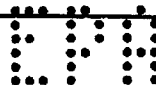
NEN 7540-01-517-7399

5036-101

GENERAL SERVICES ADMINISTRATION

RECEIVED

MAY 06 2005

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

John De
AM

WS-SO

6(11/2) ADVERSE INCIDENT EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE DA	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4.15.05	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4.15.05	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

PULLED M-44 UNIT

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

PASTURE SOUTH OF RANCH HEADQUARTER

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME SODIUM CYANIDE M-44	ACTIVE INGREDIENT SODIUM CYANIDE	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO? (If applicable) 91.0% SODIUM CYANIDE 9.0% INERT	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

DOMESTIC DOG WANDERED AWAY FROM HEADQUARTERS, AROUND ABOUT AND PULLED A M-44 UNIT. OWNER AWARE OF PLACEMENT OF M-44 UNIT. DOG HAD NO COLLAR

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

10

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☐ Wild

NUMBER OF ACRES AFFECTED

SPECIES COMMON NAME

DOMESTIC DOG

BREED (if known)

RED BORDER COLLIE

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

DOG WANDERED FROM HEADQUARTERS AND PULLED
A M-44 UNIT - NO COLLAR

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

1 M44 UNIT

WAS PREBATING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

DOG WANDERED FROM HEADQUARTERS - SOUTH PASTURE

ADDITIONAL FACTORS

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE